U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Phillip R Saal Name Teamsters Union Local 542 Labor Organization File Number, and address of labor organization. Name Teamsters Union Local 542 Labor Organization File Number, and address of labor organization. PO. Box, Bildg, Room No., if any Street 739 South Anza Street 4666 Mission Gorge Place City San Diego State California ZIP Code +4 92020 State California ZIP Code +4 92120-4173 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below if, during the past flocal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monelary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bildg., Room No., If any Street 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned whether. In any complete with been contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned whether. In the present countries in the instructions:	1. File Number U - 6838	2. Fiscal Year Covered Froin:			
Name Phillip R Saal Name Teamstere Union Local 542 Labor Organization File Number 038 722 P.O. Box, Bidg. Room No., if any Street 739 South Anza City El Cajon State California ZIP Code + 4 92020 State California ZIP Code + 4 92020 State California ZIP Code + 4 92120 - 4173 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below if, during the past flocal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions soft forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monoreary value from an omployer whose employees your organization represents or its actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information convained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned of the file information convained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned of the file information convained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned streams of the file information convained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned streams of the file information convained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned streams of the file information convained in any accompanying documents).		1 / 1 / 2005 Through: 12 / 31 / 2005			
Labor Organization File Number	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg., Room No., if any Street 739 South Anza City E1 Cajon Stale California ZIP Code+4 92020 State California ZIP Code+4 92120-4173 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information concained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned as player. It was correct, and complete. (See the section on penalties in the instructions.)	Name Phillip R Saal	Name Teamsters Union Local 542			
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Trade Name, if any: P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and beflef, true, correct, and complete. (See the section on penalties in the instructions.)	Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any 7.b. Amount. Street City State ZIP Code + 4 Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and bellef, true, correct, and complete. (See the section on penalties in the instructions.)	Name				
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State Signature Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and befter, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any				
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and beflef, true, correct, and complete. (See the section on penalties in the instructions.)	Signature				
Since I had I did I a 03/05/2005 500 500 500	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
i Signeg 1	Signed Signed	On 03/06/2006 619-582-0542			
Date Telephone Number					

Name of Person Filing Phillip Saal	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Delta Dental	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	× b. Trust	
Street 12898 Towne Center Drive	c. Employer	
City Cerritos State California ZIP Code + 4 90703		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name San Diego County Teamsters-Employers Ins Tru	11.a. Nature of such dealing. Soliciting business.	
Trade Name, if any: STEFA		
P.O. Box, Bldg., Room No., if any Suite 207		
Street 2831 Camino del Rio South	11.b. Approximate dollar value of such dealing.	
City San Diego 12.a. Nature of interest held or income received. State California ZIP Code + 4 92108 Dinner, 9/8/05.		
	12.b. Amount. \$200	

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant 7	14.b. Amount of payment.	

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any).	9. Business deals with;
Name Delta Dental	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	★ b. Trust
Street 12898 Towne Center Drive	c. Employer
City Cerritos	
State California ZIF Code + 4 90703	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name San Diego County Teamsters-Employers Ins Tru	Soliciting business.
Trade Name, if any: STEFA	
P.O. Box, Bldg., Room No., if any Suite 207	
Street 2831 Camino del Rio South	
City San Diego	
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	6 tickets at baseball game, box, 9/26/05.
	12.b. Amount. \$480